Fill in this information to identify your case:				
Debtor 1	Joshua Frederick Colucci			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: District of Maryland				
Case number	22-16008		 -	
	(If known)			

Check if this is an
amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$374,310.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>51,791.26</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>426,101.26</u>
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$308,311.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$224.00
Your total liabilities	\$308,535.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$ <u>5,</u> 734.50
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	<sub>\$</sub> 4,886.10

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	Joshua	Colucci		22-16008
Debtor 1				Case number (if known)
	Eiret Name	Middle Name	Last Name	

P	art 4: Answer These Questions for Administrative and Statistical Records					
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes					
7.	<ul> <li>What kind of debt do you have?</li> <li>✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.</li> <li>✓ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul>					
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	come from Official	\$8,764.82			
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim				
	From Part 4 on <i>Schedule E/F</i> , copy the following:					
	9a. Domestic support obligations (Copy line 6a.)	\$				
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$				
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$				
	9d. Student loans. (Copy line 6f.)	\$				
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$				
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> \$				
	9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00				

Fill in this information to identify your case and	this filing:		
Debtor 1 Joshua Frederick Colucci First Name Middle Name	_ast Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: District of Maryland			
Case number 22-16008 (if know)			☐ Check if this is an amended filing
Official Form 106A/B			
Schedule A/B: Prope	rty		12/15
category where you think it fits best. Be as con responsible for supplying correct information. write your name and case number (if known). A	tems. List an asset only once. If an asset fits in monplete and accurate as possible. If two married peous firmore space is needed, attach a separate sheet to answer every question.	pple are filing together, be this form. On the top o	ooth are equally
	nterest in any residence, building, land, or similar		
1 1 1015 Stewart Lane	What is the property? Check all that apply		aims or exemptions. Put the
Street address, if available, or other description	— ✓ Single-family home ☐ Duplex or multi-unit building	amount of any secured clair Creditors Who Have Clair	
	Condominium or cooperative	Current value of the	Current value of the
Glen Burnie MD 21060	☐ Manufactured or mobile home ☐ Land	entire property? \$ 374,310.00	portion you own? \$ 374,310.00
City State ZIP Code	☐ Investment property	Describe the nature o	·
Anno Arundol County	☐ Timeshare ☐ Other		simple, tenancy by the
Anne Arundel County  County	Who has an interest in the property? Check	Fee simple	ate), ii kilowii.
County	one  ☑ Debtor 1 only	Check if this is co	mmunity property
	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		
	Other information you wish to add about this property identification number:	item, such as local	
	The Zillow.com value is \$415,900.00 minus 1 (\$41,590.00) leaving \$374,310.00 as the mar house is worth approx. \$320,000.00 due to compare the compared to the	ket value. Debtor's opir	
	or all of your entries from Part 1, including any entric		.> \$374,310.00
Part 2: Describe Your Vehicles			
Do you own, lease, or have legal or equitable in	nterest in any vehicles, whether they are registered		
	a vehicle, also report it on Schedule G: Executory Co	oniracis anu Unexpired L	.eases.
3. Cars, vans, trucks, tractors, sport utility ve ☐ No ☑ Yes	nicies, motorcycles		

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Debtor 1 Joshua Frederick Colucci First Name Middle Name Last Name Case number(if known) 22-16008

3.3	1 Make: <u>Hyundai</u>	Who has an interest in the property? Check	Do not deduct secured cla	aims or exemptions. Put the
	Model: <u>Tucson</u>		amount of any secured cl Creditors Who Have Clair	
	Year: <u>2016</u>	Debtor 2 only		
	Approximate mileage: 97000	Debtor 1 and Debtor 2 only	entire property?	e Current value of the portion you own?
	Other information: Condition:Good:	At least one of the debtors and another	\$ 8,465.00	\$ 8,465.00
	Condition. Good,	☐ Check if this is community property (see	· <u>· ·                                  </u>	· <u>· · · · · · · · · · · · · · · · · · </u>
		instructions)		
[		other recreational vehicles, other vehicles, and according to the control of the		
•				
5. v	Add the dollar value of the portion you own for a	all of your entries from Part 2, including any entries f here	or pages	> \$8.465.00
<b>y</b>	ou have attached for Fait 2. Write that hamber			Ψ <u>υ,πυυ.υυ</u>
Part	3: Describe Your Personal and House	hold Items		
Do y	ou own or have any legal or equitable interes	t in any of the following?		Current value of the
6	Household goods and furnishings			portion you own?  Do not deduct secured
0.	-			claims or exemptions.
	Examples: Major appliances, furniture, linens, chi	na, kitchenware		
	No  ✓ Yes. Describe			
	Household Goods and Furnishings			\$ <u>1,200.00</u>
7.	Electronics			
		tereo, and digital equipment; computers, printers, scann g cell phones, cameras, media players, games	ers; music	
	☐ No			
	Yes. Describe			
	2 TVs, PC, Playstation, and XBOX			\$ <u>1.700.00</u>
8.	Collectibles of value			
		s, or other artwork; books, pictures, or other art objects; ns; other collections, memorabilia, collectibles		
	□ No			
	Yes. Describe  Swords, POP Figurines, Star Wars Collectibles			
0	<u> </u>			\$ <u>6,000.00</u>
9.	Equipment for sports and hobbies	her hobby equipment; bicycles, pool tables, golf clubs, s	kis: canoos	
	and kayaks; carpentry tools; musical in		kis, carioes	
	□ No			
	Yes. Describe			
	Punching Bag			\$ <u>50.00</u>
10.	Firearms		_	
	Examples: Pistols, rifles, shotguns, ammunition, a	and related equipment		
	<b>☑</b> No			
	Yes. Describe			
11.	Clothes	daniman and an artist of the same at the s		
	Examples: Everyday clothes, furs, leather coats,	designer wear, shoes, accessories		
	No  ✓ Yes. Describe			
	Clothing and Other Accessories			\$ <u>1,000.00</u>

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Joshua Frederick Colucci First Name Middle Name Debtor 1

12.	Jewelry			
	gold, silver	e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems		
	☐ No ☑ Yes. Describe			
	Rings, Necklaces, and Beard Beads		\$ <u>100.00</u>	
13.	Non-farm animals			
	Examples: Dogs, cats, birds, horses			
	No ✓ Yes. Describe			
	2 Dogs (Great Dane and Saint Bernar	d), Argentine Tegu (Lizard), Uromastyx Lizard	\$ <u>1,000.00</u>	<u>)</u>
14.	Any other personal and household	d items you did not already list, including any health aids you did not list		
	<b>☑</b> No			
	Yes. Give specific information			
		ou own for all of your entries from Part 3, including any entries for pages		<b>*</b> 44 050 00
)	ou have attached for Part 3. Write th	at number here	≻	\$11,050.00
Part	<b>Describe Your Financial A</b>	ssets		
Do v	ou own or have any legal or equital	ole interest in any of the following?	Current va	lue of the
Do y	ou own or have any legal or equital	one interest in any or the following:	portion you	
			Do not dedu claims or ex	
16.	Cash			
	Examples: Money you have in your wa	allet, in your home, in a safe deposit box, and on hand when you file your petition		
	<b>✓</b> No			
	Yes	Cash	\$	
17.	Deposits of money			
		r financial accounts; certificates of deposit; shares in credit unions, brokerage houses is. If you have multiple accounts with the same institution, list each.		
	□ No			
	Yes	Institution name:	\$ 12,068.9	18
	17.1. Checking account:	Andrews Federal Credit Union ending in ID 0040 as of Date of Filing		<del>,,,</del>
	17.2. Savings account:	Andrews Federal Credit Union ending in ID 0000 as of Date of Filing	\$ <u>867.73</u>	
	17.3. Savings account:	Andrews Federal Credit Union ending in ID 0010 as of Date of Filing	\$ <u>1,210.77</u>	<u>7</u>
18.	Bonds, mutual funds, or publicly t	traded stocks		
	Examples: Bond funds, investment ac	counts with brokerage firms, money market accounts		
	□ No			
	Yes Institution or issuer name:			
			¢ E2 40	
19	Robinhood Stock Account ending in 1144	erests in incorporated and unincorporated businesses, including an interest in	\$ 53.40	
13.	an LLC, partnership, and joint ven			
	Yes. Give specific information about	ut them		
20.		and other negotiable and non-negotiable instruments		
		al checks, cashiers' checks, promissory notes, and money orders. you cannot transfer to someone by signing or delivering them.		
	✓ No ☐ Yes. Give specific information about	ut them		

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Debtor 1

Joshua Frederick Colucci First Name Middle Name Case number(if known) 22-16008

21.	Retirement or pension accounts			
	Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension of	r profit-sharing plans		
	✓ No			
	Yes. List each account separately			
22.	Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a	company		
	Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommuni			
	companies, or others	oddiono		
	✓ No			
	Yes			
23.	Annuities (A contract for a periodic payment of money to you, either for life or for a number of year			
	✓ No			
	Yes			
24.	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualif	ied state tuition		
	<b>program.</b> 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).			
	✓ No			
	Yes			
25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rice exercisable for your benefit	ghts or powers		
	□ No			
	Yes. Give specific information about them			
	Estate of Frederick Barry Colucci (Debtor unsure if owed)		\$ <u>10,398.38</u>	
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property			
	Examples: Internet domain names, websites, proceeds from royalties and licensing agreements			
	✓ No			
	Yes. Give specific information about them			
27.	Licenses, franchises, and other general intangibles			
	Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, prof	essional licenses		
	✓ No			
	Yes. Give specific information about them			
Mone	ey or property owed to you?		Current value of the	
			portion you own?  Do not deduct secured	
			claims or exemptions.	
28.	Tax refunds owed to you			
	No			
	Yes. Give specific information about them, including whether you already filed the returns and the t	-		
		Federal:	\$ 0.00	
		State: Local:	\$ <u>0.00</u> \$ 0.00	
00			¥ <u>5.650</u>	
29.	Family support			
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settle	ment, property settlement		
	☑ No			
	Yes. Give specific information			
30.	30. Other amounts someone owes you			
	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, we Social Security benefits; unpaid loans you made to someone else	orkers' compensation,		
	<ul><li>No</li><li>✓ Yes. Give specific information</li></ul>			
	Claim Against Mutual of Omaha for unpaid wages (estimated)	\$ 3,000.00		

Debtor 1

Joshua Frederick Colucci First Name Middle Name

31.	Interests in insurance policies			
	No			
	Yes. Name the insurance company of each policy and list its value			
	Company name:	Beneficiary		urrender or fund value:
	Term Life Insurance Policy through Employer	Mother		0.00
	Variable Universal Whole Life Policy through New York Life	Mother	\$	4,677.00
32.	Any interest in property that is due you from someone who has die	-d		
0	✓ No	Ju		
	Yes. Give specific information			
33	Claims against third parties, whether or not you have filed a lawsu	it or made a deman	d for navment	
- 00.		it of made a demain	a for payment	
	✓ No  Yes. Give specific information			
2/		a countaralaima of	the debter and rights to get	
34.	Other contingent and unliquidated claims of every nature, includin off claims	ig counterciains of	the deptor and rights to set	
	✓ No			
	Yes. Give specific information			
35.	Any financial assets you did not already list			
	✓ No			
	Yes. Give specific information			
20 /		Dort 4 including on	antico for nago	
30. /	Add the dollar value of the portion you own for all of your entries from both the dollar value of the portion both the dollar value of the part 4. Write that number here	rant 4, including any	>	\$32,276.26
Part	5: Describe Any Business-Related Property You Own or H	lave an Interest l	n. List any real estate in Pa	ırt 1.
37.	Do you own or have any legal or equitable interest in any business	s-related property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
	Describe Any Farm- and Commercial Fishing-Related	Property You Ow	n or Have an Interest In.	
Part	If you own or have an interest in farmland, list it in Part 1.			
46	Do you own or have any legal or equitable interest in any farm- or	commercial fishing	related property?	
70.		commercial naming	related property:	
	✓ No. Go to Part 7.  ☐ Yes. Go to line 47.			
	163. 66 to line 41.			
Part	7: Describe All Property You Own or Have an Interest in	That You Did Not	List Above	
	<u> </u>			
53.	Do you have other property of any kind you did not already list?			
	Examples: Season tickets, country club membership			
	<b>✓</b> No			
	Yes. Give specific			
	information			
54. <i>I</i>	Add the dollar value of all of your entries from Part 7. Write that number	r here	<b>&gt;</b>	\$0.00
Dowl	On Link the Tatala of Feel Book of this Form			
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		>	\$374.310.00
56.	Part 2: Total vehicles, line 5	\$ 8,465.00		,
57.	Part 3: Total personal and household items, line 15	\$ 11,050.00		
58.	Part 4: Total financial assets, line 36	\$ 32,276.26		
59.	Part 5: Total business-related property, line 45	\$ 0.00		
	Part 6: Total farm- and fishing-related property, line 52	\$ 0.00		
61.	Part 7: Total other property not listed, line 54 +	\$ 0.00		
	Total personal property. Add lines 56 through 61	\$ 51,791.26	Copy personal property total➤	+\$
				51,791.26
63	Total of all property on Schedule A/B. Add line 55 + line 62			\$ 426.101.26

Fill in this information to identify your case:					
Debtor 1	Joshua Frederick Colucci				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of Maryland					
Case number	22-16008				
(If known)					

# ☐ Check if this is an amended filing

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt							
<ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.</li> <li>✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> <li>For any property you list on Schedule A/B that you claim as exempt, fill in the information below.</li> </ol>							
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from	Amount of the exemption you claim Check only one box	Specific laws that allow exemption				
	Schedule A/B	for each exemption					
1015 Stewart Lane Brief description: Line from Schedule A/B: 1.1	\$ <u>374,310.00</u>	\$\square \square \frac{25,150.00}{100\% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(2)				
Brief Clothing - Clothing and Other Accessories description:  Line from Schedule A/B: 11	\$ 1,000.00	1,000.00 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4)				
Brief Andrews Federal Credit Union ending in ID 0040 as description:  Schedule A/B: 17.1  Andrews Federal Credit Union ending in ID 0040 as for Date of Filing (Checking Account)  \$\frac{12,068.98}{\\$12,068.98}\$  \$\frac{6,000.00}{\\$100\% of fair market value, up to any applicable statutory limit}  Md. Code Ann., [Cts. & Jud. Proc.] \$  11-504 (b)(5)							
3. Are you claiming a homestead exemption of more than \$189,050?  (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)  ☑ No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes							

Debtor

#### Joshua Frederick Colucci

rst Name Middle Name

Last Nam

Case number (if known) 22-16008

#### Part 2:

#### **Additional Page**

	Brief descrip on <i>Schedule</i>	otion of the property and line e A/B that lists this property	Current value of the portion you own Copy the value from	exemption you claim Check only one box	Specific laws that allow exemption
	Andrey	ws Federal Credit Union ending in ID 0040 as of	Schedule A/B	for each exemption	MI 0 I A 10 0 I I D 10
Line	f Date or cription: from	f Filing (Checking Account)	<u>\$12,068.98</u>	\$\frac{3,050.00}{100\% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Brief	Date oription:	ws Federal Credit Union ending in ID 0000 as of f Filing (Savings Account)	\$867.73	\$\frac{739.23}{100\% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
	from edule A/B:	17.2		,,	
Brief	Andre	ws Federal Credit Union ending in ID 0010 as of f Filing (Savings Account)	\$ <u>1,210.77</u>	\$\frac{1,210.77}{100\% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
Sch	edule A/B:	17.3			
Brief desc	f cription:		\$	\$ 100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	)
Brief desc	f cription:		\$	\$ 100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	
Brief	f			П.	
	cription:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
	from edule A/B:			arry applicable statutory limit	
Brief desc	f cription:		\$	\$	
	from edule A/B:			100% of fair market value, up to any applicable statutory limit	)
Brief desc	f cription:		\$	\$100% of fair market value, up to	,
	from edule A/B:			any applicable statutory limit	
Brief desc	f cription:		\$	\$ 100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	
Brief desc	f cription:		\$	<b>\$</b>	
	from edule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief desc	f cription:		\$	\$100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	
Brief desc	f cription:		\$	\$100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	

Debt					
Debt	n this information to identify your case:				
Debi	First Name Middle Name	Last Name			
	ouse, if filing) First Name Middle Name	Last Name			
Unite	ed States Bankruptcy Court for the: Distric	of Maryland			
	, ,			_	Check if this is
(if kr	e number22-16008 now)			_	an amended
					filing
Of	ficial Form 106D				
		W II OI O	.l l D	<b>- 4</b>	
Sc	chedule D: Creditors	Who Have Claims Secure	d by Pro	perty	12/15
		two married people are filing together, both are eq			
	ore space is needed, copy the Additiona r name and case number (if known).	I Page, fill it out, number the entries, and attach it t	o this form. On th	e top of any additi	onai pages, write
1. <b>Do</b>	any creditors have claims secured by y	our property?			
	No. Check this box and submit this form to	the court with your other schedules. You have nothing	else to report on t	his form.	
$ \mathbf{A} $	Yes. Fill in all of the information below.				
	_				
Part	1: List All Secured Claims				
	st all secured claims. If a creditor has mo		Column A Amount of	Column B Value of	Column C Unsecured
		reditor has a particular claim, list the other creditors in alphabetical order according to the creditor's name.	claim Do not	collateral that	portion If any
	·	•	deduct the value of collateral.	supports this claim	
2.1		Describe the property that secures the claim:	\$ 0.00	\$ 374,310.00	\$ 0.00
	Anne Arundel County, MD	1015 Stewart Lane, Glen Burnie, MD 21060 - \$374,3	10.00		
	Creditor's Name	-			
	Office of Finance Number Street	-			
	P. O. Box 2700, MS 1103	As of the date you file, the claim is: Check all			
		that apply. Contingent			
	Annapolis MD 21404				
	Annapolis MD 21404 City State ZIP Code	Contingent			
	Annapolis MD 21404	Contingent Unliquidated			
	Annapolis MD 21404 City State ZIP Code Who owes the debt? Check one.	Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as mortgage or			
	Annapolis MD 21404  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)			
	Annapolis MD 21404 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as mortgage or			
	Annapolis MD 21404 City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a	Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)			
	Annapolis MD 21404 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			

oshua Fred	lerick Coluc	Page 22-1600	18 Doc 18	Filed 12/01/22	Page 14semfundber (if known
t Name	Middle Name	Cu Last Name I UU	90 DUC 10	1 11CG 12/01/22	rage II or 45

2.2		Describe the property that secures the claim: \$ 5,705.00	\$ 374,310.00	\$ 0.00
	Canital One	1015 Stewart Lane, Glen Burnie, MD 21060 - \$374,310.00		
	Capital One Creditor's Name			
	Po Box 31293			
	Number Street	A of the data was file the alaim is Obselved		
	Salt Lake City UT 84131	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	Contingent		
	Who owes the debt? Check one.	Unliquidated		
	Debtor 1 only	Disputed		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply.		
	At least one of the debtors and another	An agreement you made (such as mortgage or secured car loan)		
	Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien)		
	community debt	Judgment lien from a lawsuit		
	Date debt was incurred 2013	Other (including a right to offset)		
		Last 4 digits of account number ****		
2.3		Describe the property that secures the claim: \$ 904.00	\$ 374,310.00	\$ 0.00
	Midland Funding	1015 Stewart Lane, Glen Burnie, MD 21060 - \$374,310.00		
	Creditor's Name			
	350 Camino De La Reina			
	Number Street	As of the date you file, the claim is: Check all		
	San Diego CA 92108	that apply.		
	City State ZIP Code	Contingent		
	Who owes the debt? Check one.	Unliquidated		
	Debtor 1 only	Disputed		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply.		
	At least one of the debtors and another	An agreement you made (such as mortgage or secured car loan)		
	Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien)		
	community debt	Judgment lien from a lawsuit		
	Date debt was incurred 2016	Other (including a right to offset)		
	Date debt was incurred 2010	Last 4 digits of account number 1***		
2.4		Describe the property that secures the claim: \$ 301,702.00	\$ 374,310.00	\$ 0.00
	Duchmore Loop Man-t C	1015 Stewart Lane, Glen Burnie, MD 21060 - \$374,310.00		
	Rushmore Loan Mgmt Ser Creditor's Name			
	15480 Laguna Canyon Rd S			
	Number Street	· [		
	Irvine CA 92618	As of the date you file, the claim is: Check all		
	City State ZIP Code	. that apply.  Contingent		
	Who owes the debt? Check one.	Unliquidated		
	Debtor 1 only	Disputed		
	Debtor 2 only	_ bisputed		
	Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply.		
	At least one of the debtors and another	An agreement you made (such as mortgage or secured car loan)		
	Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien)		
	community debt	Judgment lien from a lawsuit		
	Date debt was incurred 2015	Other (including a right to offset)		
		Last 4 digits of account number 4444		
	And the deller value of very entries in Co	lumn A on this page. Write that number here:		

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

State ZIP Code

Capital One	On which line in Part 1 did you enter the creditor? 2.2
Creditor's Name	Last 4 digits of account number
c/o Lyons, Doughty & Veldhuis, PC	
Number Street	
P.O. Box 1269	
Mount Laurel NJ 08054	
City State ZIP Code	
Midland Funding, c/o Lyons, Doughty	On which line in Part 1 did you enter the creditor? 2.3
Creditor's Name	Last 4 digits of account number
136 Gaither Drive, Suite 100	
Number Street	
P.O. Box 1269	
Mount Laurel NJ 08054	
City State ZIP Code	
Rushmore Loan Management Services	On which line in Part 1 did you enter the creditor? 2.4
Creditor's Name	Last 4 digits of account number
c/o Law Office of Jeffrey Nadel	
Number Street	
4041 Powder Mill Road, Suite 200	
Beltsville MD 20705	

Pill in this information to identify				
Fill in this information to identify your case:				
Debtor 1 Joshua Frederick Colucci First Name Middle Name Last No.	ame			
Debtor 2				
(Spouse, if filing) First Name Middle Name	Last Name			
United States Bankruptcy Court for the: District of Mar	yland			
Case number (if know) 22-16008			_	Check if this is an amended filing
Official Form 106E/F				
Schedule E/F: Creditors W	ho Have Unsecured Clain	15		12/15
Be as complete and accurate as possible. Use Part 1 other party to any executory contracts or unexpired (Official Form 106A/B) and on Schedule G: Executor partially secured claims that are listed in Schedule D need, fill it out, number the entries in the boxes on the your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims that are listed in Schedule D need, fill it out, number the entries in the boxes on the your name and case number (if known).	leases that could result in a claim. Also list executory Contracts and Unexpired Leases (Official Form 10 Creditors Who Have Claims Secured by Property. The left. Attach the Continuation Page to this page. C	ory contracts on 16G). Do not inc If more space	n <i>Schedule A</i> clude any cre is needed, c	A/B: Property editors with opy the Part you
1. Do any creditors have priority unsecured claims a  No. Go to Part 2.  Yes.				
amounts. As much as possible, list the claims in alpl	n has both priority and nonpriority amounts, list that clai nabetical order according to the creditor's name. If you re than one creditor holds a particular claim, list the oth	m here and sho have more than	w both priority two priority u	and nonpriority nsecured
		Total claim	Priority amount	Nonpriority amount
Comptroller of Maryland Priority Creditor's Name	Last 4 digits of account number When was the debt incurred?	\$ 0.00	\$ 0.00	\$ 0.00
Compliance Division, Room 409	As of the date you file, the claim is: Check all			
Number Street 301 W. Preston St.	that apply.  Contingent			
002 0000 00.	Unliquidated			
Baltimore MD 21201	Disputed			
City State ZIP Code  Who owes the debt? Check one.	Type of PRIORITY unsecured claim:			
Debtor 1 only	Domestic support obligations			
Debtor 2 only	Taxes and certain other debts you owe the government			
Debtor 1 and Debtor 2 only	Claims for death or personal injury while you were			
At least one of the debtors and another	intoxicated Other. Specify			
Check if this claim relates to a community debt	Unier. Specify			
Is the claim subject to offset?				
✓ No				
Yes				

Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number  When was the debt incurred?	\$ 0.00	\$ 0.00	\$ 0.00
Centralized Insolvency	As of the date you file, the claim is: Check all			
Number Street	that apply.			
31 Hopkins Place, Room 1150	Contingent			
	Unliquidated			
Baltimore MD         21201           City         State         ZIP Code	_ Disputed			
	Type of PRIORITY unsecured claim:			
Who owes the debt? Check one.  Debtor 1 only	Domestic support obligations			
Debtor 2 only	Taxes and certain other debts you owe the			
Debtor 1 and Debtor 2 only	government  Claims for death or personal injury while you were			
At least one of the debtors and another	intoxicated			
Check if this claim relates to a community debt	Other. Specify			
Is the claim subject to offset?				
☑ No				
Yes				
2: List All of Your NONPRIORITY Unsecure	d Claims			
	ely for each claim. For each claim listed, identify what t particular claim, list the other creditors in Part 3.If you h			
				Total clai
O'llead Africa in C	Last 4 digits of account number 0***			
Citibank/Victoria's Secret Nonpriority Creditor's Name	Last 4 digits of account number 0*** - When was the debt incurred? 2007			
Nonpriority Creditor's Name	When was the debt incurred? 2007	t annly		
	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that	t apply.		
Nonpriority Creditor's Name Po Box 182789	When was the debt incurred? 2007	t apply.		
Nonpriority Creditor's Name Po Box 182789 Number Street	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent	t apply.		* 0.0
Nonpriority Creditor's Name Po Box 182789 Number Street Columbus OH 43218 City State ZIP Code Who owes the debt? Check one.	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed	t apply.		
Nonpriority Creditor's Name Po Box 182789 Number Street Columbus OH 43218 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	t apply.		
Nonpriority Creditor's Name Po Box 182789 Number Street Columbus OH 43218 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans			
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:			
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other	or divorce		
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims	or divorce		
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?	When was the debt incurred? 2007      As of the date you file, the claim is: Check all that Contingent     Unliquidated     Disputed  Type of NONPRIORITY unsecured claim:     Student loans     Obligations arising out of a separation agreement of that you did not report as priority claims     Debts to pension or profit-sharing plans, and other debts	or divorce		
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?	When was the debt incurred? 2007      As of the date you file, the claim is: Check all that Contingent     Unliquidated     Disputed  Type of NONPRIORITY unsecured claim:     Student loans     Obligations arising out of a separation agreement of that you did not report as priority claims     Debts to pension or profit-sharing plans, and other debts	or divorce		
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?	- When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts ✓ Other. Specify	or divorce		
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?	- When was the debt incurred? 2007  - As of the date you file, the claim is: Check all that  - Contingent - Unliquidated - Disputed  - Type of NONPRIORITY unsecured claim: - Student loans - Obligations arising out of a separation agreement of that you did not report as priority claims - Debts to pension or profit-sharing plans, and other debts - Other. Specify  - Last 4 digits of account number ****	or divorce		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes	- When was the debt incurred? 2007  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts ✓ Other. Specify	or divorce		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name 375 Ghent Rd	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that	or divorce similar		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street	As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that	or divorce similar		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street Fairlawn OH 44333	As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that Contingent Unliquidated	or divorce similar		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street Fairlawn OH 44333  City State ZIP Code	As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that	or divorce similar		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street Fairlawn OH 44333  City State ZIP Code  Who owes the debt? Check one.	As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that Contingent Unliquidated	or divorce similar		
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street Fairlawn OH 44333  City State ZIP Code	When was the debt incurred? 2007  As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts ✓ Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed	or divorce similar		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria  Nonpriority Creditor's Name  375 Ghent Rd  Number Street  Fairlawn OH 44333  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only	- When was the debt incurred? 2007  As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of the continuence of the continuence of the continuence of the claim is: Check all that Continuence of the c	or divorce similar t apply.		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street  Fairlawn OH 44333  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	- When was the debt incurred? 2007  As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims	or divorce similar t apply.		\$ <u>0.</u>
Nonpriority Creditor's Name Po Box 182789 Number Street Columbus OH 43218 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes  Jared Galleria Nonpriority Creditor's Name 375 Ghent Rd Number Street Fairlawn OH 44333 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community	- When was the debt incurred? 2007  As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011  As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of the continuence of the continuence of the continuence of the claim is: Check all that Continuence of the c	or divorce similar t apply.		\$ <u>0.</u>
Nonpriority Creditor's Name  Po Box 182789  Number Street  Columbus OH 43218  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No Yes  Jared Galleria Nonpriority Creditor's Name  375 Ghent Rd Number Street Fairlawn OH 44333  City State ZIP Code  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other	or divorce similar t apply.		\$ <u>0.</u>
Nonpriority Creditor's Name Po Box 182789 Number Street Columbus OH 43218 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes  Jared Galleria Nonpriority Creditor's Name 375 Ghent Rd Number Street Fairlawn OH 44333 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community	As of the date you file, the claim is: Check all that  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts Other. Specify  Last 4 digits of account number **** When was the debt incurred? 2011 As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement of that you did not report as priority claims Debts to pension or profit-sharing plans, and other debts	or divorce similar t apply.		\$ <u>0.</u>

Portfolio Recovery Associates	Last 4 digits of account number 755	6	\$ <u>224.0</u>
Nonpriority Creditor's Name	When was the debt incurred? 2019		
150 Corporate Blvd	As of the date you file, the claim is: 0	Check all that apply.	
Number Street	Contingent		
Norfolk VA 23502 City State ZIP Code	Unliquidated		
	□ Disputed		
Who owes the debt? Check one.	Type of NONPRIORITY unsecured cla	aim:	
Debtor 1 only	Student loans		
Debtor 2 only  Debtor 1 and Debtor 2 only	Obligations arising out of a separation	agreement or divorce	
At least one of the debtors and another	that you did not report as priority clain	าร	
Check if this claim relates to a community	Debts to pension or profit-sharing plan debts	ns, and other similar	
debt	Other. Specify		
Is the claim subject to offset?			
✓ No			
Yes			
Synchrony Bank/JC Penney	Last 4 digits of account number ****		\$ 0.00
Nonpriority Creditor's Name	When was the debt incurred? 2009		÷ <u>3.30</u>
6501 Legacy Drive	As of the date you file, the claim is: (	Sheck all that apply	
Number Street	Contingent	oneok an that apply.	
Plano TX 75024	Unliquidated		
City State ZIP Code	Disputed		
Who owes the debt? Check one.			
Debtor 1 only	Type of NONPRIORITY unsecured cla	aim:	
Debtor 2 only	Student loans		
Debtor 1 and Debtor 2 only	Obligations arising out of a separation that you did not report as priority clain		
At least one of the debtors and another	Debts to pension or profit-sharing plan		
Check if this claim relates to a community debt	debts		
Is the claim subject to offset?	Other. Specify		
✓ No			
☐ Yes			
2. List Others to De Notified About a Debt T	hat Var. Almandril inted		
3: List Others to Be Notified About a Debt T	nat You Aiready Listed		
e this page only if you have others to be notifie			
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill	· · · · · · · · · · · · · · · · · · ·	
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland  Creditor's Name	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill	out or submit this page.	ors here.
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or	out or submit this page.  Part 2 did you list the original creditor?	ors here. I
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland  Creditor's Name  Revenue Administration Division  Number Street	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or	out or submit this page.  Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla	ors here.
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland  Creditor's Name  Revenue Administration Division  Number Street  110 Carroll Street  Annapolis MD 21411-0001	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or	out or submit this page.  Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla Part 2: Creditors with Nonpriority Unsecured	ors here.
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland Creditor's Name Revenue Administration Division  Number Street  110 Carroll Street  Annapolis MD 21411-0001	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or  Line 2.1 of (Check one):  Last 4 digits of account nu	out or submit this page.  Part 2 did you list the original creditor?  ✓ Part 1: Creditors with Priority Unsecured Cla  ☐ Part 2: Creditors with Nonpriority Unsecured  mber	ors here.
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland  Creditor's Name  Revenue Administration Division  Number Street  110 Carroll Street  Annapolis MD 21411-0001  City State ZIP Code	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or  Line 2.1 of (Check one):  Last 4 digits of account nu  On which entry in Part 1 or	out or submit this page.  Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla Part 2: Creditors with Nonpriority Unsecured  mber  Part 2 did you list the original creditor?	ims
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland Creditor's Name Revenue Administration Division Number Street  110 Carroll Street  Annapolis MD 21411-0001 City State ZIP Code  Internal Revenue Service Creditor's Name  Centralized Insolvency Operation	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or  Line 2.1 of (Check one):  Last 4 digits of account nu	out or submit this page.  Part 2 did you list the original creditor?  ✓ Part 1: Creditors with Priority Unsecured Cla  ☐ Part 2: Creditors with Nonpriority Unsecured  mber  Part 2 did you list the original creditor?  ✓ Part 1: Creditors with Priority Unsecured Cla	ims
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland Creditor's Name Revenue Administration Division Number Street  110 Carroll Street  Annapolis MD 21411-0001  City State ZIP Code  Internal Revenue Service Creditor's Name  Centralized Insolvency Operation Number Street	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or  Line 2.1 of (Check one):  Last 4 digits of account nu  On which entry in Part 1 or	out or submit this page.  Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla Part 2: Creditors with Nonpriority Unsecured  mber  Part 2 did you list the original creditor?	ims
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland Creditor's Name Revenue Administration Division Number Street  110 Carroll Street  Annapolis MD 21411-0001 City State ZIP Code  Internal Revenue Service Creditor's Name  Centralized Insolvency Operation	creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or  Line 2.1 of (Check one):  Last 4 digits of account nu  On which entry in Part 1 or	out or submit this page.  Part 2 did you list the original creditor?  ✓ Part 1: Creditors with Priority Unsecured Cla  ☐ Part 2: Creditors with Nonpriority Unsecured  mber  Part 2 did you list the original creditor?  ✓ Part 1: Creditors with Priority Unsecured Cla	ims
Ilection agency is trying to collect from you for ency here. Similarly, if you have more than one u do not have additional persons to be notified  Comptroller of Maryland Creditor's Name Revenue Administration Division Number Street  110 Carroll Street  Annapolis MD 21411-0001  City State ZIP Code  Internal Revenue Service Creditor's Name  Centralized Insolvency Operation Number Street	Creditor for any of the debts that you I for any debts in Parts 1 or 2, do not fill  On which entry in Part 1 or  Line 2.1 of (Check one):  Last 4 digits of account nu  On which entry in Part 1 or  Line 2.2 of (Check one):	out or submit this page.  Part 2 did you list the original creditor?  ☑Part 1: Creditors with Priority Unsecured Cla ☐Part 2: Creditors with Nonpriority Unsecured  mber  Part 2 did you list the original creditor?  ☑Part 1: Creditors with Priority Unsecured Cla ☐Part 2: Creditors with Nonpriority Unsecured	ims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			To	tal claim
Total claims	6a. Domestic support obligations	6a.	\$ 0.00	
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00	
	<ol> <li>Claims for death or personal injury while you were intoxicated</li> </ol>	6c.	\$ 0.00	
	<ol> <li>Other. Add all other priority unsecured claims. Write that amount here.</li> </ol>	6d.	\$ 0.00	
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$ <u>0.0</u>	0
			То	tal claim
Total claims	6f. Student loans	6f.	\$ 0.00	
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00	
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 224.0	00
	6j. Total. Add lines 6f through 6i.	6j.	¢ 22	1.00

\$ 224.00

Fill in this	information to i	dentify your case	<b>:</b> :
Debtor 1	Joshua Freder	rick Colucci	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if	filing) First Name	Middle Name	Last Name
United Stat	es Bankruptcy C	ourt for the: Distr	ict of Maryland
Case numb (if know)	per 22-16008		

Check if this is	S
an amended	
filing	

#### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

Fill in this	information to	identify your cas	e:
Debtor 1	Joshua Fred	lerick Colucci	
DODIO: 1	First Name	Middle Name	Last Name
	f filing) First Name	Middle Name  Court for the: Distr	Last Name
Case numl (if know)	ber 22-16008		

#### Official Form 106H

## **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

radicolar ages, who your hamboand outer hamber (it known), raise	noi otoly quoduom
1. Do you have any codebtors? (If you are filing a joint case, do not lis	st either spouse as a codebtor.)
✓ No	
Yes	
2. Within the last 8 years, have you lived in a community property s Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Ri	
No. Go to line 3.	
Yes. Did your spouse, former spouse, or legal equivalent live with y	rou at the time?
3. In Column 1, list all of your codebtors. Do not include your spous shown in line 2 again as a codebtor only if that person is a guara Schedule D (Official Form 106D), Schedule E/F (Official Form 106 Schedule E/F, or Schedule G to fill out Column 2.	ntor or cosigner. Make sure you have listed the creditor on
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:

Debtor 1    Debtor 1   Joshua Frederick Colucci   First Name   Middle Name   Last Name   Middle Name   Last Name   Last Name   Last Name   Middle Name   Last Name	
First Name Middle Name Last Name  Debtor 2	
United States Bankruptcy Court for the: _ District of Maryland	
Case number 22-16008 Check if this is:	
(If known)  An amended filing	
☐ A supplement showing postpetition income as of the following date:	chapter 13
Official Form 106I	
Schedule I: Your Income	40/45
	12/15
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally respons supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1:  Describe Employment	your spouse. attach a
1. Fill in your employment information Debtor 1 Debtor 2 or non-filing spo	oueo
information.  If you have more than one job,	use
attach a separate page with information about additional employers.  Employment status  On Not employed  Not employed  Not employed	
Include part-time, seasonal, or self-employed work.  Cybersecurity Analyst	
Occupation may include student or homemaker, if it applies.  Occupation  Techguard Security LLC	
Occupation may include student  Tack ground Converted Co	
Occupation may include student or homemaker, if it applies.  Occupation  Techguard Security LLC	
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing  Number Street  Number Street	
Occupation may include student or homemaker, if it applies.  Techguard Security LLC  Employer's name  Employer's address  1722 Corporate Xing	
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing  Number Street  Number Street	
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing  Number Street Suite 1  O Fallon, IL 62269	710.0-4
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing  Number Street Suite 1  O Fallon, IL 62269 City State ZIP Code  City State	ZIP Code
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing  Number Street Suite 1  O Fallon, IL 62269	ZIP Code
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing  Number Street Suite 1  O Fallon, IL 62269 City State ZIP Code  City State	ZIP Code
Occupation may include student or homemaker, if it applies.    Techguard Security LLC	
Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  1722 Corporate Xing Number Street Suite 1  O Fallon, IL 62269 City State ZIP Code City State How long employed there? 8 Years  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your spouse unless you are separated.	
Occupation may include student or homemaker, if it applies.    Techguard Security LLC	
Occupation may include student or homemaker, if it applies.    Techguard Security LLC	
Occupation may include student or homemaker, if it applies.    Techguard Security LLC	
Occupation may include student or homemaker, if it applies.    Techguard Security LLC	

Official Form 106l Schedule I: Your Income page 1

		For Debtor 1		or Debtor 2 or on-filing spouse	
Copy line 4 here=	<b>→</b> 4.	s 8,764.82		\$	
5. List all payroll deductions:	<b>7</b> 4.	Φ		Φ	
5a. Tax, Medicare, and Social Security deductions	5a.	<sub>\$</sub> 2,719.52		\$	
5b. Mandatory contributions for retirement plans	5a. 5b.	0.00	-	\$	
5c. Voluntary contributions for retirement plans	5c.	0.00	-	\$	
5d. Required repayments of retirement fund loans	5d.	0.00	_	\$	
5e. Insurance	5e.	174.64	-	\$	
5f. Domestic support obligations	5f.	\$ 0.00	-	\$	
5g. Union dues		0.00	_	\$	
5h. Other deductions. Specify: HSA	5g. 5h.	05.04	- -	T	
Short Term Disability	JII.	\$ 26.50	- +	\$ \$	
Accident Insurance		\$ 13.82	-	\$	
		\$	-	\$	
6 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	<sub>\$</sub> 3,030.32		¢	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	F 704 F0	-	\$	
7. Calculate total monthly take-nome pay. Cabitact line o nom line 4.		Ψ	-	*	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	_	\$	
8b. Interest and dividends	8b.	\$ 0.00		\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		-	\$	
8d. Unemployment compensation	8d.		_	\$	
8e. Social Security	8e.	\$0.00	-	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	nce 8f.	\$0.00	_	\$	
8g. Pension or retirement income	8g.	\$0.00		\$	
8h. Other monthly income. Specify:	8h.	+ \$ 0.00		+ <b>\$</b>	
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00		\$	
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10	\$ 5,734.50	]+[	\$	= \$_5,734.50
11. State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household, friends or relatives.			omma	tes, and other	
Do not include any amounts already included in lines 2-10 or amounts that are	not a	available to pay expe	enses I		
Specify:				11.	+ \$
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain					\$5,734.50
<ul> <li>13. Do you expect an increase or decrease within the year after you file this No.</li> <li>Yes. Explain:</li> </ul>	form	?			monthly income

Fill in this information to identify	your case:			
Debtor 1 Joshua Frederick Coluce	-	Check if thi	e ie:	
First Name  Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name		nded filing ement showing postp	notition chapter 13
United States Bankruptcy Court for the:	District of Maryland	expense	es as of the following	
Case number22-16008	(·	State) MM / DD	/ YYYY	
(If known)				
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a s	•	Demogration I leave a health of Debters 2		
Yes. Debtor 2 must fil	e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.				No Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	✓ No □ Yes			
Part 2: Estimate Your Ongoi	ing Monthly Expenses			
expenses as of a date after the bar applicable date.	bankruptcy filing date unless you a	ental <i>Schedule J</i> , check the box		
	n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Off		Your exper	nses
4. <b>The rental or home ownership o</b> any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4. \$	1,820.68
If not included in line 4:				0.00
4a. Real estate taxes			4a. \$	
4b. Property, homeowner's, or r	enter's insurance		4b. \$	0.00
4c. Home maintenance, repair,	and upkeep expenses		4c. \$	150.00

4d. Homeowner's association or condominium dues

0.00

4d.

Debtor 1

Joshua Frederick Colucci

st Name Middle Name Last Name

			Your ex	rpenses
5. <b>/</b>	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6 <b>l</b>	Jtilities:			
	6a. Electricity, heat, natural gas	6a.	\$	280.00
	6b. Water, sewer, garbage collection	6b.	\$	
(	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
(	6d. Other. Specify: Oil Heating	6d.	\$	130.00
. I	Food and housekeeping supplies	7.	\$	750.00
. (	Childcare and children's education costs	8.	\$	0.00
. (	Clothing, laundry, and dry cleaning	9.	\$	150.00
	Personal care products and services	10.	\$	
. 1	Medical and dental expenses	11.	\$	90.00
. 7	Fransportation. Include gas, maintenance, bus or train fare.		\$	525.00
I	Do not include car payments.	12.	Φ	323.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
ļ. (	Charitable contributions and religious donations	14.	\$	30.00
	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	59.25
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	115.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	<b>Faxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
7. <b>I</b>	nstallment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
9. (	Other payments you make to support others who do not live with you.			
5	Specify:	19.	\$	0.00
). (	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
:	20a. Mortgages on other property	20a.	\$	0.00
:	20b. Real estate taxes	20b.	\$	0.00
:	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
:	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
:	20e. Homeowner's association or condominium dues	20e.	\$	0.00

## Case 22-16008 Doc 18 Filed 12/01/22 Page 23 of 43

Joshua Frederick Colucci ebtor 1	Case number (if known)2	2-16008	
First Name Middle Name Last Name			
. Other. Specify: Pet Expenses (Chewy.com/PetSmart Vet Ins.)		. +\$	191.17
		+\$	
		+\$	
Calculate your monthly expenses.			
22a. Add lines 4 through 21.	22a.	\$	4,886.10
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official	Form 106J-2 22c. Add line 22a 22b.	\$	
and 22b. The result is your monthly expenses.	22c.	\$	4,886.10
3. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a	. \$	5,734.50
23b. Copy your monthly expenses from line 22c above.	23b.	- \$	4,886.10
23c. Subtract your monthly expenses from your monthly income.			848.40
The result is your monthly net income.	23c.		
Do you expect an increase or decrease in your expenses within the	vear after you file this form?		
For example, do you expect to finish paying for your car loan within the			
mortgage payment to increase or decrease because of a modification to			
No.			
Yes. Explain here:			

#### Case 22-16008 Doc 18 Filed 12/01/22 Page 24 of 43

Fill in this information to identify your case:				
Debtor 1	Joshua Fred	erick Colucci	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the District of Maryland		
Case number (If known)	22-16008		_	

☐ Check if this is an amended filing

## Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have rethat they are true and correct.	ead the summary and schedules filed with this declaration and
/s/ Joshua Frederick Colucci	×
Signature of Debtor 1	Signature of Debtor 2
Date 12/01/2022	Date

	Case 22-16008	Doc 18	Filed 12/01/22	Page 25 of 43	
Fill in this information to identify  Debtor 1  Debtor 2  (Spouse, if filing)  First Name  United States Bankruptcy Court f	k Colucci  Middle Name Last Name  Middle Name Last Nam	- ie			
Case number (if know) 22-16008	<u> </u>	-			Check if this is an amended filing
e as complete and accurate as separate sheet to this form. On	Financial Affairs possible. If two married people are the top of any additional pages, w	e filing together, l vrite your name a	both are equally responsible and case number (if known). A	g for Bankruptcy for supplying correct information. If Answer every question.	
Statement of le as complete and accurate as separate sheet to this form. On Part 1: Give Details Ab  1. What is your current ma	Financial Affairs possible. If two married people are the top of any additional pages, we cout Your Marital Status and	e filing together, l vrite your name a	both are equally responsible and case number (if known). A	for supplying correct information. If	
Statement of le as complete and accurate as separate sheet to this form. On Part 1: Give Details Ab  1. What is your current ma  Married  Not married  2. During the last 3 years,	Financial Affairs  possible. If two married people are the top of any additional pages, we pout Your Marital Status and varital status?  have you lived anywhere oth	e filing together, i rrite your name a Where You Liv	both are equally responsible to and case number (if known). A wed Before	for supplying correct information. If	
Statement of le as complete and accurate as separate sheet to this form. On Part 1: Give Details Ab  1. What is your current ma    Married   Not married   Not married   No   Yes. List all of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place   Within the last 8 years, or part of the place of	possible. If two married people are the top of any additional pages, we nout Your Marital Status and varital status?  have you lived anywhere others you lived in the last 3 years did you ever live with a spous	e filing together, I write your name a Where You Live her than where to Do not includ se or legal equ	both are equally responsible indicase number (if known). A wed Before  e you live now?  e where you live now.  uivalent in a community	for supplying correct information. If	more space is needed, attacl

☐ Check if this is
an amended
filing

#### g for Bankruptcy

ONO Botano About Tour Maritar Otatuo and	Timore rea Errea Bere			
1. What is your current marital status?				
✓ Married				
☐ Not married				
2. During the last 3 years, have you lived anywhere ot	her than where you live	e now?		
☑ No				
Yes. List all of the places you lived in the last 3 year				
<ol> <li>Within the last 8 years, did you ever live with a sporproperty states and territories include Arizona, Californi Wisconsin.)</li> </ol>	<b>.</b>	, , ,		,
✓ No				
Yes. Make sure you fill out Schedule H: Your Codel	btors (Official Form 106H	)		
Part 2: Explain the Sources of Your Income				
4. Did you have any income from employment or from Fill in the total amount of income you received from all If you are filing a joint case and you have income that y No  Yes. Fill in the details.	jobs and all businesses,	including part-time activitie	es.	ars?
	Debtor 1		Debtor 2	
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<ul><li>✓ Wages,</li><li>commissions,</li><li>bonuses, tips</li><li>☐ Operating a busine</li></ul>	\$ <u>87,648.20</u> ss	Wages, commissions, bonuses, tips Operating a busines	\$
For last colondary con-				
For last calendar year:	✓ Wages,	\$ 103,022.00	☐ Wages,	\$
(January 1 to December 31, 2021	<ul><li>commissions, bonuses, tips</li></ul>		commissions, bonuses, tips	
	Operating a busine	ss	Operating a busines	SS
For the calendar year before that:	✓ Wages,		☐ Wages,	
(January 1 to December 31, 2020	commissions, bonuses, tips	\$ 97,876.00	commissions, bonuses, tips	\$
	Operating a busine	SS	Operating a busines	SS

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Debtor Joshua Frederick Colucci
First Name Middle Name Last Name

Include unemple	byment, and other public benefit payments inbling and lottery winnings. If you are filing	is taxable. Examples of <i>other inc</i> ; pensions; rental income; interes	ar years?  ome are alimony; child support; Social Security, t; dividends; money collected from lawsuits; royalti e that you received together, list it only once under	
List eac	h source and the gross income from each	source separately. Do not include	e income that you listed in line 4.	
✓ No	Fill in the detaile			
☐ Yes.	Fill in the details.			
Part 3:	List Certain Payments You Made Befo	re You Filed for Bankruptcy		
6. Are eith	ner Debtor 1's or Debtor 2's debts prima	arily consumer debts?		
☐ No.	<b>Neither Debtor 1 nor Debtor 2 has prim</b> "incurred by an individual primarily for a p		er debts are defined in 11 U.S.C. § 101(8) as pose."	
	During the 90 days before you filed for ba	nkruptcy, did you pay any credito	r a total of \$7,575* or more?	
	☐ No. Go to line 7.			
	Yes. List below each creditor to whom the total amount you paid that creditor as child support and alimony. Also, do	. Do not include payments for dor	mestic support obligations, such	
	* Subject to adjustment on 4/01/25 and ev	very 3 years after that for cases fil	ed on or after the date of adjustment.	
✓ Yes.	<b>Debtor 1 or Debtor 2 or both have prin</b> During the 90 days before you filed for be	narily consumer debts. ankruptcy, did you pay any credito	or a total of \$600 or more?	
	No. Go to line 7.			
		n you paid a total of \$600 or more ts for domestic support obligation yments to an attorney for this bar	s, such as child support and	
include corpora agent, ii	your relatives; any general partners; relativ tions of which you are an officer, director, p	ves of any general partners; partn person in control, or owner of 20%	ebt you owed anyone who was an insider? Insiderships of which you are a general partner; 6 or more of their voting securities; and any managod. Include payments for domestic support obligation	ing
✓ No.				
☐ Yes.	List all payments to an insider.			
insider Include			transfer any property on account of a debt that	benefited an
✓ No.  ☐ Yes.	List all payments that benefited an insider			
Part 4:	Identify Legal Actions, Repossessions	s, and Foreclosures		
List all s			court action, or administrative proceeding? , collection suits, paternity actions, support or custo	ody modifications,
✓ Yes.	Fill in the details.			
		Nature of the case	Court or agency	Status of the case
	Nadel, et al. vs. Joshua	Foreclosure; Date filed: 06/29/2022	Circuit Court for Anne Arundel County	<ul><li>✓ Pending</li><li>✓ On appeal</li></ul>
<u>Colucc</u> Case n	umber:	VVI Z 31 Z V Z Z	Court Name 8 Church Circle	Concluded
C-02-C	V-22-001112		Number Street	-
			Annapolis MD 21401 City State ZIP Code	-
			, Sale Ell Code	

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Debtor Joshua Frederick Colucci
First Name Middle Name Last Name

Case title: Midland Funding LLC, successor in interest to SYNCHRONY BANK vs. JOSHUA COLUCCI Case number: D-07-CV-17-004485	Garnishment: Judgement; Date filed: 04/17/2017	District Court For Anne Arundel County (Glen Court Name Burnie)  500 Gov Ritchie Highway Number Street	✓ Pending ☐ On appeal ☐ Concluded		
		Glen Burnie MD 21061 City State ZIP Code			
		City State ZIP Code			
Case title: Capital One Bank (USA), N.A vs. JOSHUA COLUCCI Case number: D-07-CV-18-011247	Garnishment: Judgement; Date filed: 09/12/2018	District Court For Anne Arundel County (Glen Court Name Burnie)	Pending On appeal Concluded		
		500 Gov Ritchie Highway  Number Street			
		Glen Burnie MD 21061			
		City State ZIP Code			
<ul> <li>10.Within 1 year before you filed for bankruptcy, Check all that apply and fill in the details below.</li> <li>☑ No. Go to line 11.</li> <li>☐ Yes. Fill in the information below.</li> <li>11.Within 90 days before you filed for bankruptcy from your accounts or refuse to make a paym</li> <li>☑ No</li> <li>☐ Yes. Fill in the details</li> <li>12.Within 1 year before you filed for bankruptcy, creditors, a court-appointed receiver, a custo</li> <li>☑ No</li> <li>☑ No</li> </ul>	y, did any creditor, including a l lent because you owed a debt? was any of your property in the	pank or financial institution, set off any amounts			
Yes					
Part 5: List Certain Gifts and Contributions					
13.Within 2 years before you filed for bankruptcy  ✓ No  ☐ Yes. Fill in the details for each gift.	y, did you give any gifts with a to	otal value of more than \$600 per person?			
14.Within 2 years before you filed for bankruptcy	v. did vou give any gifts or conti	ibutions with a total value of more than \$600 to	any charity?		
✓ No  ☐ Yes. Fill in the details for each gift or contribution	, , , , ,				
Part 6: List Certain Losses					
15.Within 1 year before you filed for bankruptcy gambling?	or since you filed for bankruptc	y, did you lose anything because of theft, fire, o	ther disaster, or		
✓ No ☐ Yes. Fill in the details.					
Part 7: List Certain Payments or Transfers					
16.Within 1 year before you filed for bankruptcy, anyone you consulted about seeking bankrupt Include any attorneys, bankruptcy petition prepart	otcy or preparing a bankruptcy p	petition?			
Yes. Fill in the details.					

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Debtor Joshua Frederick Colucci
First Name Middle Name Last Name

	Description and value of any prop	erty transferred	Date payment or transfer was made	Amount of payment
Alon J. Nager, Esquire Person Who Was Paid Nager Law Group, LLC	Attorneys Fee - \$1,649.30 Filing Fee Report - \$37.70	- \$313.00 Credit	07/22/2022	\$ <u>2,000.00</u> \$
Number Street 8180 Lark Brown Road, Suite 201				
Elkridge MD 21075				
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				
17.Within 1 year before you filed for bankruptc anyone who promised to help you deal with Do not include any payment or transfer that you ✓ No ☐ Yes. Fill in the details.	your creditors or to make payments to		any property to	
18.Within 2 years before you filed for bankrupt property transferred in the ordinary course Include both outright transfers and transfers made Do not include gifts and transfers that you have ✓ No ☐ Yes. Fill in the details.	of your business or financial affairs? ade as security (such as the granting of a se			).
19.Within 10 years before you filed for bankrup you are a beneficiary?(These are often called ✓ No  ☐ Yes. Fill in the details.		elf-settled trust or simi	lar device of which	
Part 8: List Certain Financial Accounts, Ins	struments, Safe Deposit Boxes, and Stor	age Units		
20.Within 1 year before you filed for bankrupto closed, sold, moved, or transferred? Include checking, savings, money market, obrokerage houses, pension funds, cooperat	or other financial accounts; certificates o	of deposit; shares in ba		
✓ No ☐ Yes. Fill in the details.				
21.Do you now have, or did you have within 1 securities, cash, or other valuables?	year before you filed for bankruptcy, any	safe deposit box or ot	her depository for	
✓ No ☐ Yes. Fill in the details.				
22.Have you stored property in a storage unit	or place other than your home within 1 y	ear before you filed for	bankruptcy	
<ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul>				
Part 9: Identify Property You Hold or Contr	ol for Someone Else			
23.Do you hold or control any property that so or hold in trust for someone.	meone else owns? Include any property	you borrowed from, ar	e storing for,	
No				
✓ Yes. Fill in the details.	Where is the property?	Describe the property	/	Value

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Debtor Joshua Frederick Colucci

Case number(if known) 22-16008

First Name Middle Name Last Nam	ne	` ' <u>-</u>	22 10000
Frederick Barry Colucci (Deceased		2007 Harloy Devideen Street Olide	+ 7.0F6.55
Owner's Name		2007 Harley Davidson Street Glide	\$ 7,050.00
Father)	1015 Stewart Lane Number Street		
33 Hubbard Road	Glen Burnie MD 21060		
Number Street	City State ZIP Code		
Hillsboro NH 03244			
City State ZIP Code			
Part 10: Give Details About Environm	ental Information		
For the purpose of Part 10, the following	definitions apply:		
hazardous or toxic substances, waste		ncerning pollution, contamination, releases of rface water, groundwater, or other medium, s, wastes, or material.	of
Site means any location, facility, or pr it or used to own, operate, or utilize it		ental law, whether you now own, operate, or	utilize
Hazardous material means anything a substance, hazardous material, pollur		dous waste, hazardous substance, toxic	
Report all notices, releases, and proceed	dings that you know about, regardless o	of when they occurred.	
24.Has any governmental unit notified ye	ou that you may be liable or potentially	liable under or in violation of an environmen	tal law?
<b>☑</b> No			
Yes. Fill in the details.			
25.Have you notified any governmental u	unit of any release of hezerdous meteric	J.	
	and of any release of nazardous materia	ur	
✓ No			
Yes. Fill in the details.			
26.Have you been a party in any judicial	or administrative proceeding under any	environmental law? Include settlements an	d orders.
✓ No			
Yes. Fill in the details.			
Part 11: Give Details About Your Bus	iness or Connections to Any Business		
27.Within 4 years before you filed for ba	nkruptcy, did you own a business or ha	ve any of the following connections to any b	usiness?
☐ A sole proprietor or self-employed	in a trade, profession, or other activity, eit	her full-time or part-time	
A member of a limited liability com	pany (LLC) or limited liability partnership (	LLP)	
A partner in a partnership		,	
☐ An officer, director, or managing e	xecutive of a corporation		
	ng or equity securities of a corporation		
_			
✓ No. None of the above applies. Go to			
Tes. Check all that apply above and f	ill in the details below for each business.		
28.Within 2 years before you filed for bai institutions, creditors, or other parties		nent to anyone about your business? Includ	e all financial

No. None of the above applies. Go to Part 12.

 $\hfill \square$  Yes. Check all that apply above and fill in the details below for each business.

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Debtor Joshua Frederick Colucci
First Name Middle Name Last Name

Part 12:	Sign Below		
answer in conr		ng a false statement, conce	nts, and I declare under penalty of perjury that the aling property, or obtaining money or property by fraud sonment for up to 20 years, or both.
	oshua Frederick Colucci ture of Debtor 1	Signature of Debtor 2	
Signa	iture of Debtor 1	Signature of Debtor 2	
Date	12/01/2022	Date	
Did you	ı pay or agree to pay someone who is not an a	attorney to help you fill out h	pankruptcy forms?
✓ No			
Yes.	Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:						
Debtor 1	Joshua Frederic					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E Case number (If known)	. ,	District of Maryland				

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
☐ 3. The commitment period is 3 years.
4. The commitment period is 5 years.
·

Check if this is an amended filing

#### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 8,764.82 0.00 payroll deductions). 0.00 0.00 3. Alimony and maintenance payments. Do not include payments from a spouse. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you 0.00 0.00 listed on line 3. 5. Net income from operating a business, profession, or Debtor 1 Debtor 2 farm 0.00 0.00 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 - \$ 0.00 Copy Net monthly income from a business, profession, or farm 0.00 0.00 0.00 0.00 here 6. Net income from rental and other real property Debtor 2 0.00 0.00 Gross receipts (before all deductions) 0.00 -Ordinary and necessary operating expenses 0.00 Copy Net monthly income from rental or other real property 0.00 here 0.00 0.00 0.00

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Debtor 1

Joshua Frederick Colucci

Justina	reaction	Oolucci	
First Name	Middle Name		Last Name

			lumn btor				De	olumr ebtor 2 on-filin	2 or	ouse	
7.	Interest, dividends, and royalties	\$			0.00			\$		0.00	
8.	Unemployment compensation	\$			0.00			\$		0.00	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: $lack \Psi$										
	For you\$ 0.00										
	For your spouse										
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, o death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	r \$_			0.00_			\$		0.00	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.										
		\$			0.00		(	\$		0.00	
		\$			0.00		(	\$		0.00	
	Total amounts from separate pages, if any.	+\$			0.00		+:	\$		0.00	
	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  Determine How to Measure Your Deductions from Income	\$		8,7	64.82	+		\$		0.00	\$\_8,764.82
12.	Copy your total average monthly income from line 11.										\$ 8,764.82
13.	Calculate the marital adjustment. Check one:										Ψ
	You are not married. Fill in 0 below.										
	You are married and your spouse is filing with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents.	e's s	uppo	ort of	some	one (	oth	er tha	ın		
	Below, specify the basis for excluding this income and the amount of income devo list additional adjustments on a separate page.	tea to	o ead	cn pı	urpose	. IT N	iece	essary	/,		
	If this adjustment does not apply, enter 0 below.										
			\$		0.0	_					
			\$		0.0	_					
		. +	- \$		0.0						
	Total		\$		0.0	00	Copy	y here '	<b>→</b>	-	0.00
14.	Your current monthly income. Subtract the total in line 13 from line 12.										\$ 8,764.82

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Joshua Frederick Colucci First Name Middle Name Case number (if known) 22-16008 Debtor 1

Last Name

15. Calculate your current monthly income for the year. Follow these steps:	
15a. Copy line 14 here →	\$ 8,764.82
Multiply line 15a by 12 (the number of months in a year).	<b>x</b> 12
15b. The result is your current monthly income for the year for this part of the form.	\$_105,177.84
16. Calculate the median family income that applies to you. Follow these steps:	
16a. Fill in the state in which you liveMD	
16b. Fill in the number of people in your household.	
16c. Fill in the median family income for your state and size of household	\$ <u>74,074.0</u> 0
17. How do the lines compare?	
17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not deter 11 U.S.C. § 1325(b)(3)</i> . <b>Go to Part 3.</b> Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2).	mined under
Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C. § 1325(b)(3)</i> . <b>Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C–2).</b> On line 39 of that form, copy your current monthly income from line 14 above.	
Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
18. Copy your total average monthly income from line 11.	\$8,764.82
<ol> <li>Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.</li> <li>19a. If the marital adjustment does not apply, fill in 0 on line 19a.</li> </ol>	- \$ 0.00
19b. Subtract line 19a from line 18.	\$8,764.82
20. Calculate your current monthly income for the year. Follow these steps:	
20a. Copy line 19b.	
20a. Gopy III 10b	\$ 8,764.82
Multiply by 12 (the number of months in a year).	<b>x</b> 12
20b. The result is your current monthly income for the year for this part of the form.	\$ <u>105,177.84</u>
20c. Copy the median family income for your state and size of household from line 16c	\$ 74,074.00
21. How do the lines compare?	
☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.	
Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.	

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Debtor 1 Joshua Frederick Colucci
First Name Middle Name Last Name

Case number (if known) 22-16008

rt 4:	Sign Below	
	By signing here, under penalty of perjury I declare that	the information on this statement and in any attachments is true and correct.
	✗ /s/ Joshua Frederick Colucci	*
	Signature of Debtor 1	Signature of Debtor 2
	Date 12/01/2022	Date
	MM / DD / YYYY	MM / DD / YYYY

Fill in this in	nformation to	o identify ye	our case:						
Debtor 1	Joshua F	rederick (	Colucci Middle Name		at Name				
Debtor 2	First Name		Middle Name	Las	st Name				
(Spouse, if filing	First Name		Middle Name	Las	st Name				
United States	Bankruptcy Co	urt for the: Di	strict of Maryland						
Case number (If known)	22-1600	3							
							Che	ck if this is an a	amended filing
066									
Official	Form 1	22C-2	<del>-</del>						
Chapt	er 13 (	Calcul	ation of	Your	Dispos	able Inco	me		4/22
more space i top of any ac	s needed, at Iditional pag	tach a sepa es, write yo		is form. Inc se number	clude the line n r (if known).	ether, both are equa umber to which the			
answer the this form  Deduct the of your according income in of Form 12.	ne questions This inform e expense an tual expenses lines 5 and 6 22C-1. tenses differ	in lines 6- lation may a mounts set of s if they are of Form 122	15. To find the IF also be available ut in lines 6-15 re higher than the s 2C-1, and do not to month, enter the	RS standards at the bar gardless of tandards. Did deduct any me average	ds, go online unkruptcy clerk's your actual exposonot include ary amounts that y expense.	for certain expense a sing the link specifics office.  The ense. In later parts of the properating expenses ou subtracted from your mation required by a	ed in the se  f the form, you so that you su our spouse's	parate instruction  ou will use some btracted from income in line 13	ons for
Fill in plus th	the number on the number of	f people whe		ed as exemp	ptions on your fe	<b>me</b> ederal income tax retu aber may be different	urn,	1	
National	Standards	You must u	use the IRS Natic	nal Standa	rds to answer th	e questions in lines 6	-7.		
			<b>ns:</b> Using the nur unt for food, cloth			in line 5 and the IRS	National		\$ <u>785.00</u>
fill in t under	ne dollar amo 65 and peop	ount for out-out-out-out-out-out-out-out-out-out-	of-pocket health of 5 or older—becau	are. The nu use older pe	umber of people eople have a hig	tered in line 5 and the is split into two cated her IRS allowance fo tional amount on line	ories—peopl r health care	e who are	

Debtor 1

Joshua Frederick Colucci

osiiua i	TOUCHON OOK	1001	
First Name	Middle Name	Last Name	

	People who are under 65 years of age					
	7a. Out-of-pocket health care allowance per person	\$ 75.00				
	7b. Number of people who are under 65	x_1				
	7c. Subtotal. Multiply line 7a by line 7b.	\$_75.00	Copy line	\$ 75.00		
	People who are 65 years of age or older		To licie 2			
	. , , ,	ո <sub>\$</sub> 153.00				
	7d. Out-of-pocket health care allowance per person	1 <u>\$ 133.00</u>				
	7e. Number of people who are 65 or older	X				
	7f. Subtotal. Multiply line 7d by line 7e.	\$_0.00	Copy line 7f here	+ \$0.00		
7g.	Total. Add lines 7c and 7f			\$_75.00	Copy total here ->7g.	<sub>\$</sub> 75.00
ocal tand	You must use the IRS Local Standards to	answer the question	ıs in lines 8-15	5.		
	on information from the IRS, the U.S. Trustee Pr	ogram has divided	the IRS Loca	I Standard for ho	ısina for hankrunt	cv nurnose
	vo parts:	ogram nas arviaca	the mo Lood	. Otalidala loi lio	Joing for Burnardpa	oy parpose.
Ho	using and utilities – Insurance and operating exp	enses				
i Hoi	using and utilities – Mortgage or rent expenses					
	war the guestions in lines CO was the LLC Twee	tee Program chart	To find the cl	hart, go online us	ing the link	
	swer the questions in lines 8-9, use the U.S. Trust ied in the separate instructions for this form. This				erk's office.	
pecif Ho		s chart may also be enses: Using the nu	e available at mber of people	the bankruptcy cl		<sub>\$</sub> 591.0
Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating exp	s chart may also be enses: Using the nu	e available at mber of people	the bankruptcy cl		<sub>\$</sub> 591.0
Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating expendional dollar amount listed for your county for insurance are	enses: Using the nund operating expenses  5, fill in the dollar am	e available at mber of peoples.	the bankruptcy cl		<sub>\$_</sub> 591.00
pecif Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating expended and utilities – Insurance and operating expended are using and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line to the second of the	enses: Using the number of operating expenses of the fill in the dollar amonses.	e available at mber of peoples.	the bankruptcy cl		\$ 591.0°
pecif Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating exp dollar amount listed for your county for insurance ar using and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line s listed for your county for mortgage or rent expenses:  9b. Total average monthly payment for all mortgage	enses: Using the number of operating expenses  5, fill in the dollar amonses.  es and other debts set, add all amounts that	e available at mber of peoples.  ount  cured by	the bankruptcy cl		\$ 591.00
Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating exp dollar amount listed for your county for insurance ar using and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line s listed for your county for mortgage or rent exper  9b. Total average monthly payment for all mortgage your home.  To calculate the total average monthly payment contractually due to each secured creditor in the	enses: Using the number of operating expenses  5, fill in the dollar amonses.  es and other debts set, add all amounts that	e available at mber of peoples.  ount  cured by	the bankruptcy cl		\$ 591.0
Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating expendent amount listed for your county for insurance arrusing and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line solisted for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgage your home.  To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.	s chart may also be enses: Using the number of operating expenses of the first operating expenses of the first operating expenses of the first operation operation of the first operation ope	e available at mber of peoples.  ount  cured by	the bankruptcy cl		\$_591.00
pecif Hou the	ied in the separate instructions for this form. This using and utilities – Insurance and operating expendedlar amount listed for your county for insurance arrusing and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line solisted for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgage your home.  To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor	s chart may also be enses: Using the number of operating expenses of the first section of the	e available at mber of peoples.  ount  cured by	the bankruptcy cl		\$ 591.00
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Hoo the Hoo	ied in the separate instructions for this form. This using and utilities – Insurance and operating expendent amount listed for your county for insurance are using and utilities – Mortgage or rent expenses:  9a. Using the number of people you entered in line so listed for your county for mortgage or rent expenses.  9b. Total average monthly payment for all mortgage your home.  To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor  Anne Arundel County, MD  Capital One  See cont. sheet  9b.Total average monthly payment	s chart may also be tenses: Using the number operating expenses of the interest of the interes	cavailable at mber of peoples.  ount cured by at are u file for  Copy line 9b here tandard for he tandard for he	the bankruptcy cle you entered in lire \$ 1,648.00  - \$ 2,724.00	Repeat this amoun on line 33a.  Copy 9c here	t

Case number (if known) 22-16008

Debtor 1 Joshua Frederick Colucci
First Name Middle Name Last Name

expense			sing the IRS Local Star osts that apply for your				aim the operating	\$ 614.00
vehicle I	pelow. Yo	u may not clair	pense: Using the IRS In the expense if you do note than two vehicles.	o not make any loan				
Veh	icle 1	Describe Vehicle 1:						
13a.	Owners	nip or leasing o	osts using IRS Local S	Standard		<sub>\$</sub> 588.00		
			ent for all debts secure		13a.	Ψ	-	
	Do not i	nclude costs fo	r leased vehicles.					
	add all a	mounts that ar	ge monthly payment he e contractually due to e ns after you file for ban	each secured				
	Name o	of each creditor	for Vehicle 1	Average monthly payment				
				\$ 0.00				
				<b>+</b> \$ 0.00	_			
		Total avera	age monthly payment	\$ 0.00	Copy here	- \$ <u>0.00</u>	Repeat this amount on line 33b.	
13c.			p or lease expense ine 13a. If this number	is less than \$0, ente	r \$0	\$_0.00	Copy net Vehicle 1 expense here	<u>\$</u> 0.00
Veh	icle 2	Describe Vehicle 2:						
13d.	Ownersh	nip or leasing c	osts using IRS Local S	tandard		<sub>\$</sub> 588.00		
13e.	Average	monthly paym	ent for all debts secure	ed by Vehicle 2.				
	Do not i	nclude costs fo	r leased vehicles.	•				
	Name (	of each creditor	for Vehicle 2	Average monthly				
				payment § 0.00				
				<b>+</b> \$ 0.00				
		Total aver	age monthly payment	\$_0.00	Copy here	<u>-\$0.00</u>	Repeat this amount on line 33c.	
							Copy net Vehicle	
13f	Net Veh	cle 2 ownershi	p or lease expense					

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Debtor 1 Joshua Frederick Colucci
First Name Middle Name Last Name

Case number (if known) 22-16008

Other Necessary Expenses	In addition to the expe		ed above, you are allowed your monthly expenses for the	
employment taxes, soo your pay for these taxe and subtract that numb	cial security taxes, and N	Medicare taxes. You ct to receive a tax re y amount that is with	state and local taxes, such as income taxes, self- may include the monthly amount withheld from efund, you must divide the expected refund by 12 hheld to pay for taxes.	\$ <u>2,719.5</u> 2
union dues, and unifor Do not include amount	m costs. s that are not required b	by your job, such as v	t your job requires, such as retirement contributions, voluntary 401(k) contributions or payroll savings.	\$ <u>0.00</u>
together, include paym	ents that you make for y ns for life insurance on y	your spouse's term li	own term life insurance. If two married people are filing ife insurance.  r a non-filing spouse's life insurance, or for any form of life	\$ <u>71.25</u>
agency, such as spous	al or child support payn	nents.	as required by the order of a court or administrative ild support. You will list these obligations in line 35.	\$ <u>0.00</u>
20. <b>Education:</b> The total n ■ as a condition for yo ■ for your physically or	ur job, or		nat is either required: public education is available for similar services.	\$ <u>0.00</u>
	onthly amount that you its for any elementary o		uch as babysitting, daycare, nursery, and preschool. education.	\$ <u>0.00</u>
required for the health savings account. Include		our dependents and is more than the total		\$ <u>15.00</u>
you and your depende service, to the extent n is not reimbursed by yo Do not include paymer	nts, such as pagers, cal ecessary for your health our employer. Its for basic home telept	I waiting, caller ident n and welfare or that none, internet or cell	amount that you pay for telecommunication services for tification, special long distance, or business cell phone of your dependents or for the production of income, if it phone service. Do not include self-employment amount you previously deducted.	+ \$0.00
24. <b>Add all of the expens</b> Add lines 6 through 23		RS expense allowa	ances.	\$4,885.77
Additional Expense Deductions			wed by the Means Test. owances listed in lines 6-24.	
			count expenses. The monthly expenses for health are reasonably necessary for yourself, your spouse, or your	
Health insurance		\$ <u>162.64</u>		
Disability insurance	e	\$ 26.50		
Health savings acc	ount	<b>+</b> \$ <u>95.84</u>		
Total		\$ <u>284.98</u>	Copy total here	\$284.98
Do you actually spe	end this total amount?			
☐ No. How much do y ✓ Yes	you actually spend?	\$		
continue to pay for the household or member of	reasonable and necessa	ary care and support who is unable to pa	embers. The actual monthly expenses that you will tof an elderly, chronically ill, or disabled member of your ay for such expenses. These expenses may include . § 529A(b).	\$ <u>0.00</u>
you and your family und		Prevention and Serv	onthly expenses that you incur to maintain the safety of vices Act or other federal laws that apply. tial.	\$_0.00

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Case number (if known)\_22-16008 Joshua Frederick Colucci Debtor 1 First Name Middle Name Last Name 28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage \$0.00 housing and utilities allowance, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58\* \$0.00 per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher \$<u>0.00</u> than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial + 30.00 instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. 314.98 Add lines 25 through 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home \$ 2,724.00 33a. Copy line 9b here..... Loans on your first two vehicles \$ 0.00 33b. Copy line 13b here. \$ 0.00 33c. Copy line 13e here. 33d. List other secured debts: Name of each creditor for other Identify property that secures Does payment include taxes or insurance? JΝο \$ 0.00 **J**Yes No \$ 0.00

Official Form 122C-2

33e. Total average monthly payment. Add lines 33a through 33d. .....

]Yes ]<sub>No</sub>

+ \$0.00

\$2,724.00

Copy total

here -

\$2,724.00

Debtor 1

Joshua Frederick Colucci

	rodonon oon	
First Name	Middle Name	Last Name

	any debts that you listed in line support or the support of your		esidence, a vehicle	e, or oth	er property neces:	sary for	
	No. Go to line 35.						
	es. State any amount that you mu	st pay to a creditor, in addition amount). Next, divide by 60 and				ssion of	
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amou	unt	
			\$	÷ 60 =	= \$	-	
			\$	÷ 60 =	= \$	-	
			\$	÷ 60 =	= + \$		
				Tota	al \$0.00	Cop tota here	í <u>\$</u> 0.00
	ou owe any priority claims—suc g date of your bankruptcy case?		oort, or alimony— t	hat are	past due as of the		
<b>✓</b> N	No. Go to line 36.						
	es. Fill in the total amount of all of priority claims, such as those		clude current or ong	going			
	Total amount of all past-due	priority claims		;	\$ 0.00	÷ 60	\$0.00
36. <b>Proj</b> e	ected monthly Chapter 13 plan	payment		;	\$ 0.00		
of the Exec To fir in the	ent multiplier for your district as state United States Courts (for districts utive Office for United States Trus and a list of district multipliers that in a separate instructions for this form is office.	s in Alabama and North Carolina tees (for all other districts). Includes your district, go online u	a) or by the using the link specifie	x ed	7.2%		
Avera	age monthly administrative expens	e		;	\$ 0.00	Copy total here	\$0.00
07 <b>Add</b>	all of the deductions for debt pa	wmont Add lines 22a through (	26				
37. <b>Add</b>	an of the deductions for debt pa	yment. Add lines 33g tirrough (	50.				\$ <u>2,724.00</u>
Total De	eductions from Income						
38. <b>Add</b>	all of the allowed deductions.						
Сору	line 24, All of the expenses allowe	ed under IRS expense allowand	ces	;	\$ 4,885.77		
Сору	line 32, All of the additional exper	nse deductions		;	\$314.98		
Сору	line 37, All of the deductions for a	lebt payment		+ :	\$ 2,724.00	7	
Total	deductions				\$ 7,924.75	Copy total here ->	\$ <u>7,924.75</u>
				_		_	

Case 22-16008 Doc 18 Filed 12/01/22 Page 41 of 43

Debtor 1 Joshua Frederick Colucci
First Name Middle Name Last Name

Case number (if known) 22-16008

ar	t 2: Determ	ine You	r Disposable Income Under 11 U	.s.c	. § 1325(b)(2)					
39.			monthly income from line 14 of Forn ent Monthly Income and Calculation							<u>\$8,764.82</u>
40. Fill in any reasonably necessary income you receive for support for dependent children.  The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.										
41.	employer withh	eld from v 541(b)(7) j	ment deductions. The monthly total of wages as contributions for qualified retire olds all required repayments of loans from 162(b)(19).	emen	t plans, as specifi		\$ <u>0.00</u>			
42.	Total of all ded	ductions	allowed under 11 U.S.C. § 707(b)(2)(A	<b>)</b> . Co	py line 38 here	<b></b>	<sub>\$</sub> 7,924	.75		
43.	expenses and their expenses.	you have i You mus	ircumstances. If special circumstances no reasonable alternative, describe the stage your case trustee a detailed explanentation for the expenses.	speci	al circumstances	and				
	Describe the sp	ecial circui	mstances	Amo	ount of expense					
				\$_						
	<del></del>		·····	\$_						
	<del></del>			+\$		Copy here	0.00			
			Total	\$_	0.00	<b>→</b> +	\$_0.00			
44.	Total adjustme	ents. Add	lines 40 through 43			→	\$ <u>7,924</u>	. / 5	Copy total	<b>-</b> \$7,924.75
			disposable income under § 1325(b)(: ncome or Expenses	<b>2).</b> Sı	ubtract line 44 from	m line 39.				\$840.07
46.	have changed the time your cafter you filed y	or are virtu ase will be our petitic	xpenses. If the income in Form 122C-1 ually certain to change after the date you e open, fill in the information below. For on, check 22C-1 in the first column, enter in when the increase occurred, and fill in	u filed exam er line	d your bankruptcy ple, if the wages 2 in the second o	petition a reported in column, ex	nd during ncreased			
	Form	Line	Reason for change		Date of change		ease or ease?	Amount	of change	
	22C-1 22C-2			-		=	crease ecrease	\$		
	22C-1 22C-2			_		=	crease ecrease	\$		
	22C-1 22C-2			_		=	crease ecrease	\$		
	22C-1 22C-2			_		=	crease ecrease	\$		

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Case number (if known) 22-16008

Joshua Frederick Colucci

Debtor 1

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

/s/ Joshua Frederick Colucci
Signature of Debtor 1

Date 12/01/2022

MM / DD / YYYY

Date MM / DD / YYYYY

## Form 22 Continuation Sheet

Income Month 1	Income Month 2
Gross Wages, Salary & Tips	Gross Wages, Salary & Tips
Rents & Real Property Income	Rents & Real Property Income
Interest & Dividends	Interest & Dividends
Pension & Retirement	Pension & Retirement
Contributions to Household Exp	Contributions to Household Exp
Unemployment	Unemployment
Other Income	Other Income

Income Month 3	Income Month 4
Gross Wages, Salary & Tips	Gross Wages, Salary & Tips
Rents & Real Property Income	Rents & Real Property Income
Interest & Dividends	Interest & Dividends
Pension & Retirement	Pension & Retirement
Contributions to Household Exp	Contributions to Household Exp
Unemployment	Unemployment
Other Income	Other Income

Income Month 5	Income Month 6
Gross Wages, Salary & Tips	Gross Wages, Salary & Tips
Rents & Real Property Income	Rents & Real Property Income
Interest & Dividends	Interest & Dividends
Pension & Retirement	Pension & Retirement
Contributions to Household Exp	Contributions to Household Exp
Unemployment	Unemployment
Other Income	Other Income

## Additional Items as Designated (if any)

9b : Rushmore Loan Mgmt Ser - \$1,820.00 (Includes Taxes & Insurance)

1015 Stewart Lane

9b : Midland Funding - \$904.00

1015 Stewart Lane